



**Iowa Department of Public Health**  
Promoting and Protecting the Health of Iowans

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Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

December 15, 2011

John C. Pollak  
Legislative Services Agency  
State Capitol  
Des Moines, IA 50319

Dear Mr. Pollak:

Thank you for the opportunity to provide information for the Mental Health and Disability Services Study Committee, specifically the Health Care Workforce Support Initiative and the Workforce Shortage fund named in Iowa Code section 135.175.

Access to health services is a key component of our mission at IDPH. This includes a determination of what locations in Iowa experience a shortage of health professionals, including primary care, mental health and dental health professionals. Another component is working to resolve these shortages. To that end, IDPH works with private partners through loan repayment programs and other recruitment and retention initiatives.

Section 135.175 was established in 2009 with a condition upon the availability of funding. The section refers to several specific programs established in 135.176, 135.177, and 135.178, all of which were also conditioned upon the availability of funding. All of these sections are set to sunset in 2014.

At this time, no new funding has been approved for these programs. This fall, IDPH used an existing program, called the Primary Care Recruitment and Retention Endeavor (PRIMECARRE) to establish the fund in 135.175. These PRIMECARRE funds are tied to a federal program called the State Loan Repayment Program (SLRP). Therefore, the funds are designated for a specific purpose and use of the funds must comply with federal guidance for SLRP. Mental health professionals, including psychiatrists, psychologists, licensed independent social workers, and nurse practitioners and physician assistants with psychiatric specialization are all eligible types of clinicians for this program. However, this program is not specific only to mental health professionals. Primary care providers and dental providers are also eligible. Funding for this program has typically been limited to about \$150,000 state dollars. A \$1 for \$1 nonfederal match is required, so we have been able to request \$150,000 per year in federal funding. Due to the lack of any other funding being approved, this is the extent to which the Health Care Workforce Support Initiative and Workforce Shortage Accounts have been used to date.

IDPH administers the Health & Long-Term Care Access Advisory Council to develop the biennial strategic plan mentioned in 135.175 by reference to 135.163 and 135.164. Membership on this council includes Magellan Behavioral Health Services (the Iowa Plan contractor for Medicaid) and the Iowa Association of Community Providers (the organization of mental health and disability services providers), specifically for their expertise in

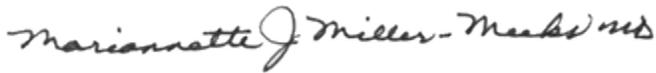
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mental health service delivery issues. IDPH also convenes the Governor-appointed Rural Health & Primary Care Advisory Committee, established in 135.107. With its charge to address health issues in rural areas, this committee also includes a member from AgriWellness (an organization that promotes accessible behavioral health services for underserved and at-risk populations affected by rural crisis in agricultural communities). Access to mental health services has been an ongoing concern that this committee takes seriously and is part of the reason the committee has consistently advocated for continued or increased funding for the PRIMECARRE program.

IDPH administers a number of state-funded programs designed to strengthen Iowa's mental health workforce. The Intern Psychologist Rotation Program exists to expose PhD level psychologists to rural practice opportunities. The Mental Health Professional Shortage Area Program works to recruit and retain psychiatric medical directors (psychiatrists) in federal mental health professional shortage areas. The Psychiatric Post-Graduate Residency Training Program allows physician assistants and nurse practitioners to obtain specialized training in psychiatry.

I am hopeful that this information is helpful for the study committee meeting on Monday, December 19<sup>th</sup> and welcome the opportunity to provide more information on how IDPH may be supportive to the effort toward Mental Health and Disability Services System Redesign.

Sincerely,

A handwritten signature in cursive script that reads "Mariannette J. Miller-Meeks".

Dr. Mariannette Miller-Meeks  
Director, Iowa Department of Public Health